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Congressional Progressive Caucus

Rep. Peter DeFazio, Chairman

November 11, 1999

POSITION PAPER: HEALTH CARE

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In January 1999, the 55-member Congressional Progressive Caucus, under the leadership of Rep. Peter DeFazio (D-OR), set up seven Task Forces to organize the work of the Caucus. The Co-Chairs of the Caucus serve as leaders of the Task Forces:

Task Force Leaders

1. Income Inequality: Cynthia McKinney (D-GA) and Barbara Lee (D-CA)
2. Health Care: Bernie Sanders (I-VT)
3. Education: Major Owens (D-NY)
4. Social Security: Dennis Kucinich (D-OH)
5. Taxation: Earl Hilliard (D-AL)
6. Budget: Peter DeFazio (D-OR)
7. Foreign Policy: John Conyers (D-MI)

Each of these Task Forces has held meetings and educational fora to hear from a wide range of experts from around the world. Two of them—Health Care and Income Inequality—are now releasing the enclosed position papers that offer a framework and direction for Progressive Caucus work. These Position Papers have been approved by the Caucus for general distribution to the public.

The Progressive Caucus is united in its goal of making health care a right, not a privilege. Every person should have access to affordable, comprehensive and high-quality medical care. We must use our health care dollars efficiently and ensure public accountability in all medical decisions. Based on this goal, we support the following principles:

ENSURING ACCESS TO HEALTH CARE FOR ALL

1. All Americans, including the 44 million currently without health insurance, deserve to have the health care they need, regardless of ability to pay.
2. Medicare must remain solvent and available for the millions of seniors and individuals with disabilities who rely on the program. The Progressive Caucus supports expanding the program to cover prescription drugs and other needed products and services for beneficiaries. We support a Medicare buy-in for individuals age 55 and older. We support lowering out-of-pocket costs for seniors who currently pay, on average, 20% of their income for health care.
3. Proposals should be rejected to change traditional Medicare from a defined benefit to a defined contribution or voucher system.
4. Balanced Budget Act cuts that are negatively affecting patient access to hospitals, nursing homes, and home health agencies must be restored.
5. Medicaid must have the resources to continue to provide coverage and care for low-income individuals, including children in the CHIP program.

6. Individuals with disabilities should retain their health benefits when they return to work and to have access to rehabilitative and other needed services.

COVERAGE FOR LOW-INCOME INDIVIDUALS

7. Funding and outreach and other programs serving low-income Americans should be expanded. Examples of such programs are the Children's Health Insurance Program (CHIP); Qualified Medicare Beneficiary (QMB), Specified Low-income Medicare Beneficiary (SLMB), and Qualified Individuals programs; transitional funds for Medicaid recipients who are also welfare-to-work recipients; and for HHS for mental health outreach for the elderly.

8. Community Health Centers should be recognized as an integral part of health care delivery.

9. Area Agencies on Aging and programs in the Older Americans Act should be supported, such as nutrition services, family caregiver support, supportive services and centers, long-term care ombudsman programs, elder abuse prevention, outreach, and other services.

10. Long-term care needs for the elderly and individuals with disabilities must be addressed.

11. Women's health programs should be expanded, including preventative care such as cancer screenings and follow-up care after surgery or pregnancy.

12. Programs at the Justice Department must be expanded to prevent violence against family planning clinics and to provide security at clinics for their employees and patients.

13. Every insurer who provides prescription drug coverage should also include contraceptive coverage.

14. Minority health programs need to be expanded at The Office of Research on Minority Health, NIH, HRSA, and CDC.

15. The specific challenges of providing health care in rural areas, such as the importance of telemedicine, rural qualified health centers, and access to providers should be recognized.

16. Primary and preventative care programs must be improved and expanded.

17. Veterans' health programs should be supported, including expanded access to specialized services.

18. Long waiting times for basic examinations and treatments must be shortened.

19. Consumers and medical professionals, and not corporations, should make decisions with regard to health care, especially in the areas of HMO reform and prescription drug pricing.

20. States should be allowed the option of expanding their Medicaid programs so that low income individuals with HIV disease can get early drug treatment and medical care for their condition.

21. Policies to combat HIV/AIDS, especially those targeted at minorities, women, and children, both domestically and abroad, should be expanded.

22. The importance of mental health services should be recognized.

23. The importance of substance abuse services should be recognized.

24. The importance of complementary and alternative medicine should be recognized.